1414229

FORM D



# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPR          | OVAL           |
|-------------------|----------------|
| OMB Number:       | 3235-0076      |
| Expires:          | April 30, 2008 |
| Estimated avera   | ige burden     |
| hours per respons | c16.00         |

| SEC US | E ONLY  |
|--------|---------|
| Prefix | Serial  |
| DATER  | ECEIVED |
| 1.     | . 1     |

| ·   | /-\  |
|---|--|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Dynamic Spaces. Inc. Common Stock         |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  | PECEIVED   |
| Type of Filing: New Filing Amendment  |  |
| A. BASIC IDENTIFICATION DATA  | o I Silly  |
| 1. Enter the information requested about the issuer   |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  | 6 4 C T T T                                      |
| Dynamic Spaces, Inc.  |  |
|   | er (Including Area Code)                         |
| c/o Grinnell Smith LLP, 1 Bank St., Williamstown, MA 01267 413-458-   | <u>-9601                                    </u> |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number and Street, City, State, Zip Code) | ber (Including Area Code)                        |
| Brief Description of Business   |  |
| Social network website  |  |
| Type of Business Organization   |  |
| corporation   limited partnership, already formed   other (please specify):   business trust   limited partnership, to be formed        | PROCESSED  |
| Month Year  | OCT 0 5 2007                                     |
| Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:                | Ti io  |
| CN for Canada; FN for other foreign jurisdiction)   | HUMSON   |
| CEMEDAT INCEDITORIO   | 4 68 CF      |

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopics of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## -ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

|  | 表院的影響                | A BASIC II                   | ENTIFICATION DATA            | (李代) [1] [1]                          |   |
|--|----------------------|------------------------------|------------------------------|---------------------------------------|---|
| 2. Enter the information r             | equested for the fe  | ollowing:                    |                              | ····                                  |   |
| <ul> <li>Each promoter of</li> </ul>   | the issuer, if the i | ssuer has been organized     | within the past five years;  |                                       |   |
| <ul> <li>Each beneficial ov</li> </ul> | vner having the po   | wer to vote or dispose, or d | irect the vote or dispositio | n of, 10% or more                     | of a class of equity securities of the issu |
| Each executive of                      | ficer and director   | of corporate issuers and o   | f corporate general and m    | anaging partners o                    | f partnership issuers; and                  |
| Each general and:                      | managing partner     | of partnership issuers.      |                              |                                       |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | Executive Officer            | Director                              | General and/or Managing Partner             |
| Full Name (Last name first,            | if individual)       |                              |                              |                                       |   |
| Zhao, Bo                               |                      |                              |                              |                                       | ·   |
| Business or Residence Addre            | ess (Number and      | Street, City, State, Zip C   | ode)                         |                                       |   |
| 8854 River                             | Meadow Dr.           | , Cordova, TN                | 38018                        |                                       |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | X Executive Officer          | M Director                            | General and/or Managing Partner             |
| Full Name (Last name first, i          | f individual)        |                              |                              |                                       |   |
| Chowdhury,                             | Ameeda               |                              |                              |                                       |   |
| Business or Residence Addre            | <del> </del>         | Street, City, State, Zip Co  | ode)                         | <del></del>                           |   |
| 2135 Walnut                            | St., Phil            | adelphia, PA                 | 19103                        |                                       |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | Executive Officer            | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i          | f individual)        |                              |                              |                                       |   |
|  | ,                    |                              |                              |                                       | •   |
| Business or Residence Addre            | ss (Number and       | Street, City, State, Zip Co  | ode)                         | ·                                     |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | Executive Officer            | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i          | f individual)        |                              |                              | · -··                                 |   |
| Business or Residence Addres           | ss (Number and       | Street, City, State, Zip Co  | ede)                         |                                       |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | Executive Officer            | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, it         | (individual)         |                              |                              | · · · · · · · · · · · · · · · · · · · |   |
| Business or Residence Addres           | s (Number and        | Street, City, State, Zip Co  | de)                          |                                       |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | Executive Officer            | Director                              | General and/or Managing Partner             |
| ull Name (Last name first, if          | individual)          |                              |                              |                                       |   |
| Business or Residence Addres           | s (Number and        | Street, City, State, Zip Coo | de)                          |                                       |   |
| Check Box(es) that Apply:              | Promoter             | Beneficial Owner             | Executive Officer            | Director                              | General and/or Managing Partner             |
| ull Name (Last name first, if          | individual)          | •                            |                              | -                                     |   |
| usiness or Residence Addres            | s (Number and S      | street, City, State, Zip Coo | de)                          |                                       |   |
| <del>-</del>                           | (Use blan            | k sheet, or copy and use a   | dditional copies of this sh  | ect, as necessary)                    |   |

| 1           | B. INFORMATION ABOUT OFFERING  |  |                              |  |  |  |   |  |  |                                      |  |               |          |
|-------------|--|--|------------------------------|--|--|--|---|--|--|--------------------------------------|--|---------------|----------|
| 1 1         | Jac sh.  | ingues!                                      | d or door t                  | ha issues !                                  | ntend to co                                | Il to non a                                | ccredited :                                 | nvectore i                                   | this offer                                 | ine?                                 |  | Yes           | No       |
| 1. I        | nas ine  | issuer son                                   | a, or does t                 |  |  |  |   |  |  |                                      | ***************  |               | Ϋ́       |
| 2. V        | Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual? |  |                              |  |  |  |   |  |  |                                      | s_5000   |               |          |
|             | . Does the offering permit joint ownership of a single unit?   |  |                              |  |  |  |   |  |  | Yes                                  | No   |               |          |
|             |  |  |                              |  |  |  |   |  |  |                                      |  | 又             |          |
| 0<br>1<br>0 | ommis<br>f a persor states   | sion or sim<br>on to be lis<br>, list the na | ilar remune<br>ted is an as: | eration for s<br>sociated pe<br>proker or de | solicitation<br>rson or age<br>aler. If me | of purchasent of a broker<br>ore than five | ers in conne<br>er or deale<br>e (5) person | ection with<br>r registered<br>ns to be list | sales of se<br>d with the S<br>ed are asso | curiti <b>e</b> s in t<br>SEC and/or | irectly, any<br>he offering.<br>with a state<br>sons of such |               |          |
| Full N      | •  |  | first, if ind                | ividual)                                     |  |  |   |  |  |                                      |  |               |          |
| <br>Busin   | NONI   |  | Address (N                   | lumber and                                   | i Street, Ci                               | ity, State, 2                              | (ip Code)                                   |  |  |                                      |  |               |          |
|             |  |  |                              |  |  |  |   |  |  |                                      |  |               |          |
| Name        | of Ass   | ociated Br                                   | oker or De                   | aler   |  |  |   |  |  |                                      |  |               |          |
| States      | in Wh  | ich Person                                   | Listed Has                   | s Solicited                                  | or Intends                                 | to Solicit                                 | Purchasers                                  |  | -  | ····-                                |  |               |          |
| (           | Check '  | 'All States                                  | " or check                   | individual                                   | States)                                    |  | ***********                                 | ****************                             | ****                                       |                                      |  | All States    |          |
| G           | AL   | AK   | AZ                           | AR   | CA   | CO   | CT  | DE   | DC   | FL                                   | GA   | HI            | ID       |
| Ē           | IL_  | IN   | IA                           | KS   | KY   | LA   | ME  | MD   | MA   | MI                                   | MN   | MS            | МО       |
|             | MT)  | NE SC  | NV                           | NH   | [N]<br>[TX]                                | NM<br>UT                                   | NY<br>VT                                    | NC<br>VA                                     | ND<br>WA                                   | OH<br>WV                             | OK<br>WI   | OR<br>WY      | PA PR    |
|             | RI   | SC)  | SD                           | TN   | LIXI                                       | 01   | <u> </u>                                    | (VA)   | · · · · · · · · · · · · · · · · · · ·      |                                      |  | <u> </u>      |          |
| Full N      | Name (I  | ast name                                     | first, if ind                | ividual)                                     |  |  |   |  |  |                                      |  |               |          |
| Busin       | ess or   | Residence                                    | Address (1                   | Number an                                    | d Street, C                                | ity, State,                                | Zip Code)                                   | •      |  |                                      | <u></u>  |               |          |
| Name        | of Ass   | ociated Br                                   | oker or De                   | aler   |  |  |   |  |  |                                      | ·  |               |          |
| States      | in Wh  | ich Person                                   | Listed Has                   | s Solicited                                  | or Intends                                 | to Solicit                                 | Purchasers                                  |  |  |                                      |  |               |          |
| (           | Check '  | 'All States                                  | " or check                   | individual                                   | States)                                    |  |   |  |  | ••••••••••••                         | ••••   | ☐ Al          | 1 States |
|             | AL   | AK   | AZ                           | AR   | CA   | CO   | CT  | DE   | DC   | FL                                   | GĀ   | HI            | ID       |
|             | IL   | IN   | IA                           | KS   | KY   | LA   | ME  | MD   | MA   | MI                                   | MN)  | MS            | MO       |
| _           | MT<br>RI   | NE<br>SC                                     | NV<br>SD                     | NH<br>TN                                     | NJ<br>TX                                   | NM<br>UT                                   | NY<br>VT                                    | NC<br>VA                                     | ND<br>WA                                   | OH<br>WV                             | OK<br>WI   | OR<br>WY      | PA<br>PR |
|             |  |  |                              |  |  |  |   |  |  |                                      |  |               |          |
| runn        | vame (L  | ast name                                     | first, if indi               | ividuai)                                     |  |  |   |  | •  |                                      |  |               |          |
| Busin       | ess or   | Residence                                    | Address (?                   | Number an                                    | d Street, C                                | ity, State, 2                              | Zip Code)                                   |  |  |                                      |  |               |          |
| Name        | of Ass   | ociated Br                                   | oker or De                   | aler   |  |  |   |  |  |                                      |  | <del></del> - |          |
| States      | in Wh  | ich Person                                   | Listed Has                   | s Solicited                                  | or Intends                                 | to Solicit I                               | urchasers                                   |  |  | <del></del>                          |  | _             |          |
| (           | Check '  | 'All States                                  | " or check                   | individual                                   | States)                                    |  | ••••••                                      |  |  | •••••                                |  | ☐ Al          | l States |
|             | ĀL   | AK   | AZ                           | . AR   | CA   | CO   | CT  | DE   | DC   | FL                                   | GA   | HI            | ID       |
|             | IL   | IN   | IA                           | [KS]   | KY   | LA   | ME  | MD   | MA   | MI                                   | MN   | MS            | MO       |
|             | MT<br>RI   | NE<br>SC                                     | NV<br>SD                     | NH<br>TN                                     | NJ<br>TX                                   | NM<br>UT                                   | NY<br>VT                                    | NC<br>VA                                     | ND<br>WA                                   | OH)<br>WV                            | OK<br>WI   | OR<br>WY      | PA<br>PR |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|    | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.  Type of Security  | d Aggregate Offering Price | Amount Already<br>Sold        |
|----|--|----------------------------|-------------------------------|
|    |  | _                          |                               |
|    | Debt   |                            | _ \$_0                        |
|    | Equity   | .s <u>/0,000</u>           | <u> \$ 70,000</u>             |
|    | Common Preferred   | ^                          | •                             |
|    | Convertible Securities (including warrants)  | . s <u> </u>               | _ s_0                         |
|    | Partnership Interests  | . \$ <u> </u>              | _ \$ <u>O</u>                 |
|    | Other (Specify)  | . <u>\$</u>                | <u> </u>                      |
|    | Total  | <u>s_70,000</u>            | <u>s 70,000</u>               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                            |                               |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | e                          | Aggregate                     |
|    |  | Number<br>Investors        | Dollar Amount<br>of Purchases |
|    | Accredited Investors   | 5                          | s_70,000_                     |
|    | Non-accredited Investors   | 0                          | <u>s 0</u>                    |
|    | Total (for filings under Rule 504 only)  |                            | s 70,000                      |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                            |                               |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   | e<br>e                     |                               |
|    | Type of Offering   | Type of<br>Security        | Dollar Amount<br>Sold         |
|    | Rule 505   |                            | s_0                           |
|    | Regulation A   | ·                          | s_0                           |
|    | Rule 504   | ·                          | s_0                           |
|    | Total  | ·                          | <u>s_0</u>                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | r.                         |                               |
|    | Transfer Agent's Fees  |                            | ] \$_ <u>0</u>                |
|    | Printing and Engraving Costs   | [                          | s_0                           |
|    | Legal Fees   | X                          |                               |
|    | Accounting Fees  |                            | ] \$ <u>0</u>                 |
|    | Engineering Fees   |                            | ] <b>s</b> _0                 |
|    | Sales Commissions (specify finders' fees separately)   |                            | s_0                           |
|    | Other Expenses (identify)  |                            | s_0                           |
|    | Total  |                            | s 1000                        |

| 7    | C. OFFERING PRICE, NUM   | IBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS                                      |  |
|------|--|--|---|--|
|      | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."   | ring price given in response to Part C — Question Question 4.a. This difference is the "adjusted gro | SS  | s_69,000   |
| 5.   | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par | ny purpose is not known, furnish an estimate ar<br>f the payments listed must equal the adjusted gro | nd  |  |
|      |  |  | Payments to Officers, Directors, & Affiliates | Payments to<br>Others                            |
|      | Salaries and fees  |  |   |  |
|      | Purchase of real estate  |  | 🔲 \$  | . [] \$  |
|      | Purchase, rental or leasing and installation of made and equipment   |  |   |  |
|      | Construction or leasing of plant buildings and fac   | ilities  | 🔲 \$  | <u>⊊</u> \$ <u>8,400</u>                         |
|      | Acquisition of other businesses (including the val<br>offering that may be used in exchange for the assissuer pursuant to a merger)  | ets or securities of another   | . 🗀 \$  |  |
|      | Repayment of indebtedness  |  |   |  |
|      | Working capital  |  | \$  | \$ 11,100  |
|      | Other (specify):   |  |   |  |
|      | 1  |  | . 🗀 \$  | \$   |
|      | Column Totals  |  | s 12,000                                      | <u></u> \$                                       |
|      | Total Payments Listed (column totals added)  |  |   | 9,000  |
|      | Control of the second  | D. FEDERAL SIGNATURE   | , <sup>A</sup> ,                              |  |
| sign | issuer has duly caused this notice to be signed by the<br>lature constitutes an undertaking by the issuer to fur<br>information furnished by the issuer to any non-acc                                       | mish to the U.S. Securities and Exchange Comm  | ission, upon writte                           | le 505, the following<br>n request of its staff, |
| Iss  | er (Print or Type)   | Signature  | Date  |  |
|      | Dynamic Spaces, Inc.   | (C)  | 9-17-0  | 7  |
| Na   | ne of Signer (Print or Type)   | Title of Signer (Print or Type)  |   |  |
|      | Ameeda Chowdhury   | President  |   |  |
|      |  | <del></del>  |   |  |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| •        |   | E. STATE SIGNATURE  |
|----------|---|---|
| 1.       |   | y subject to any of the disqualification Yes No   |
|          | See Appe  | ndix, Column 5, for state response.   |
| 2.       | The undersigned issuer hereby undertakes to furnish D (17 CFR 239.500) at such times as required by   | to any state administrator of any state in which this notice is filed a notice on Form state law.   |
| 3.       | The undersigned issuer hereby undertakes to furni issuer to offerees.   | sh to the state administrators, upon written request, information furnished by the  |
| 4.       | The undersigned issuer represents that the issuer is limited Offering Exemption (ULOE) of the state in of this exemption has the burden of establishing the | s familiar with the conditions that must be satisfied to be entitled to the Uniform which this notice is filed and understands that the issuer claiming the availability at these conditions have been satisfied. |
|          | suer has read this notification and knows the contents to uthorized person.   | be true and has duly caused this notice to be signed on its behalf by the undersigned   |
| ssuer (I | (Print or Type) Sign  | Date  |
| Dyr      | mamic Spaces, Inc.  | 9-17-07   |
| Name (F  | (Print or Type) Tit   | (Print or Lype)   |
| Ame      | needa Chowdhury .   | President   |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| à     | , ,                           | 1 2 2                                     | \$ 16 m  | AI                                   | PENDIX                    | •   |   |   |  |  |
|-------|-------------------------------|---|--|--------------------------------------|---------------------------|---|---|---|--|--|
| 1     | Intendation Intended investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pu                 | 4  f investor and irchased in State : C-Item 2) |   | Disqual<br>under St<br>(if yes,<br>explan<br>waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes                           | No  |  | Number of<br>Accredited<br>Investors | Accredited Non-Accredited |   |   |   | No   |  |
| AL    |                               |   |  |                                      |                           |   |   |   |  |  |
| AK    |                               | -   |  |                                      |                           |   |   |   |  |  |
| AZ    |                               |   |  |                                      |                           |   |   |   |  |  |
| AR    |                               |   |  |                                      |                           | -   |   |   |  |  |
| CA    |                               |   |  |                                      |                           |   |   |   |  |  |
| СО    |                               |   |  |                                      |                           |   |   |   |  |  |
| СТ    |                               |   |  |                                      |                           |   |   |   |  |  |
| DE    |                               |   |  |                                      |                           |   |   |   |  |  |
| DC    |                               |   |  |                                      |                           |   |   |   |  |  |
| FL    |                               |   |  |                                      |                           |   |   |   |  |  |
| GA    | ,                             |   |  |                                      |                           |   |   | <u>.</u>  | <u> </u>   |  |
| НІ    |                               |   |  |                                      |                           |   |   |   |  |  |
| ID    | :                             |   |  |                                      |                           |   |   |   |  |  |
| 几     |                               |   |  |                                      |                           |   |   |   |  |  |
| IN    |                               |   |  |                                      |                           |   |   |   |  |  |
| IA    |                               |   |  |                                      |                           |   |   | _   |  |  |
| ŔS    |                               |   |  |                                      |                           |   |   |   | L  |  |
| KY    | ı                             |   | ·  |                                      |                           |   | _ |   | <u> </u>   |  |
| LA    |                               |   |  |                                      |                           |   |   |   |  |  |
| ME    |                               |   |  |                                      |                           |   |   |   |  |  |
| MD    |                               |   |  |                                      |                           |   |   | ·   |  |  |
| MA    |                               |   | ,  |                                      |                           |   |   |   |  |  |
| MI    | -                             |   |  |                                      |                           |   |   |   |  |  |
| MN    |                               |   |  |                                      |                           |   |   |   |  |  |
| MS    |                               |   |  |                                      |                           |   |   |   |  |  |

### APPENDIX 2 1 3 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited waiver granted) amount purchased in State investors in State offered in state (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors Amount Investors Amount Yes No State Yes No MO MT NE NV-NH NJ NM Common Stock \$70,000 NY X 2 X \$40,000 0 0 NC ND ОН OK OR Common Stock PA X 0 0 \$10,000 \$70,000 RI SC SD Common Stock TN 2 \$20,000 X 0 0 X \$70,000 TXUT VT VA WA wv WI

|       | •        |   |  | APP  | ENDIX : |  |                           |     |    |  |
|-------|----------|---|--|--|---------|--|---------------------------|-----|----|--|
| 1     |          | 2   | 3  |  |         | 5<br>Disqualification                    |                           |     |    |  |
| ,     | to non-a | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and e amount purchased in State v (Part C-Item 2) |         |  | amount purchased in State |     |    |  |
| State | Yes      | No  |  | Number of<br>Accredited<br>Investors                               | Amount  | Number of<br>Non-Accredited<br>Investors | Amount                    | Yes | No |  |
| WY    |          |   |  |  |         |  |                           |     |    |  |
| PR    |          |   |  |  |         | -  |                           |     |    |  |

